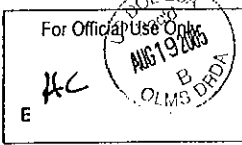


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>14022</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>John E. Bandarra</u> P.O. Box, Bldg., Room No., if any Street <u>13455 Cuesta Verde</u> City <u>Salinas</u> State <u>CA</u> ZIP Code + 4 <u>93908</u>	4. Name, file number, and address of labor organization. Name <u>Plumbers & Steamfitters Local #62</u> Labor Organization File Number <u>017-233</u> P.O. Box, Building and Room Number, if any Street <u>11445 Commercial Parkway</u> City <u>Castroville</u> State <u>CA</u> ZIP Code + 4 <u>95012</u>
5. Position in labor organization. <u>Business Manager / Financial Secretary - Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed	On <u>8/12/2005</u> <u>(831) 633-6091</u> Date Telephone Number

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	14.a. Nature of payment. <input type="text"/>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input type="text"/>

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Pipe Trades District Council #36
Pension Trust
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any P.O. Box 7892
 Street 221 Main Street
 City San Francisco
 State CA ZIP Code + 4 94120

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

Employer Contributions to trust fund is based on hours worked by union members.

Total amount of employer contributions for 2004

11.b. Approximate dollar value of such dealing.

\$11,240,073.00

12.a. Nature of interest held or income received.

03/18/2004	- \$ 7.50	Reimburse for Parking
03/18/2004	3.00	Reimburse for Expenses
06/07/2004	46.88	Reimburse for Mileage
06/07/2004	205.03	Reimburse for Mileage and Expenses
10/11/2004	159.20	Reimburse for Airfare

12.b. Amount.

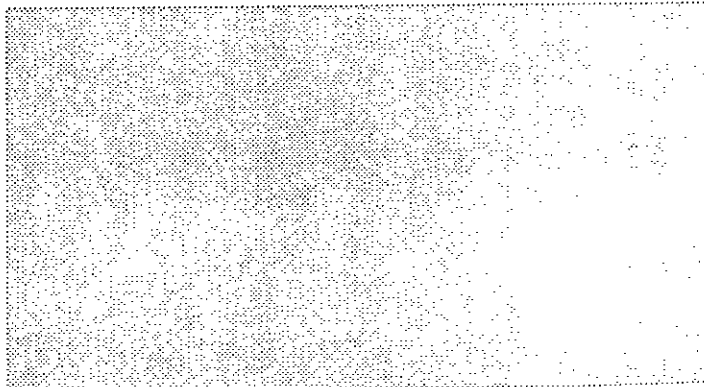
\$421.62

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14.a. Nature of payment.



13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing John E. Bandarra

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name McMorgan & Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One Bust Street, Suite 800

City San Francisco

State CA ZIP Code + 4 94104

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Pipe Trades District Council #36
Pension Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 7892

Street 221 Main Street

City San Francisco

State CA ZIP Code + 4 94120

11.a. Nature of such dealing.

Investment manager to Pipe Trades District
Council #36 pension trust

Total fees paid for 2004

11.b. Approximate dollar value of such dealing.

\$82,047.00

12.a. Nature of interest held or income received.

02/02-04/2004	\$ 80.00	AT&T Golf Tickets 2	
		for 3 practice	0 40.00
02/05-08/2004	\$320.00	AT&T Golf Tickets 2	
		for 4 days	
02/06/2004	\$194.00	Dinner for 2	

12.b. Amount.

\$594.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **JOHN E. BANDARRA**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **INVESCO CAPITAL MGMT. INC**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **ONE MIDTOWN PLAZA**Street **1360 PEACHTREE ST. NE #100**City **ATLANTA**State **GA** ZIP Code + 4 **30309**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **PIPE TRADES DISTRICT COUNCIL #36
PENSION TRUST FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **P.O. Box 7892**Street **221 MAIN STREET**City **SAN FRANCISCO**State **CA** ZIP Code + 4 **94120**

11.a. Nature of such dealing.

**INVESTMENT MANAGER TO PIPE TRADES
DISTRICT COUNCIL #36 PENSION TRUST****TOTAL FEES PAID FOR 2004**11.b. Approximate dollar value of such dealing. **\$37,175.00**

12.a. Nature of interest held or income received.

**\$ 47.96 - SOFT-SIDE ICE-CHEST, ROLLING.
34.00 - BOX TOFFEE CANDY**

12.b. Amount.

\$81.96

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.